

PATENT NUMBER

U.S. **UTILITY** Patent Application

O.I.P.E. FA 22 Q.A. GT1 SCANNED	PATENT DATE
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9	CONT/PRIOR D	CLASS 435	SUBCLASS 8	ART UNIT 1645 1654	EXAMINER <u>LEARY, L</u>
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ood
nnah
Moravec

for detection of ATP

PTO-2040
12/99

ISSUING CLASSIFICATION

AL		CROSS REFERENCE(S)						
SUBCLASS	CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)						

☐ Continued on Issue Slip Inside File Jacket

APPLICANT	DRAWINGS			CLAIMS ALLOWED	
	Sheets Drwg.	Figs. Drwg.	Print Fig.	Total Claims	Print Claim for O.G.
I, _____, of _____ do hereby certify that the above is a true and correct copy of the drawings and claims of the patent application of _____ dated _____ (date) by _____ (Assistant Examiner) _____ (Date)	I, _____, of _____ do hereby certify that the above is a true and correct copy of the drawings and claims of the patent application of _____ dated _____ (date) by _____ (Primary Examiner) _____ (Date)			NOTICE OF ALLOWANCE MAILED	
The patent shall expire on the _____ day of _____, 19____. _____ _____ _____				ISSUE FEE	
_____ _____ _____				Amount Due	Date Paid
_____ months of				ISSUE BATCH NUMBER	